Attachment 2

blue shield of california

proposal

for

2008 CalPERS HMO high

performance network (hpn)

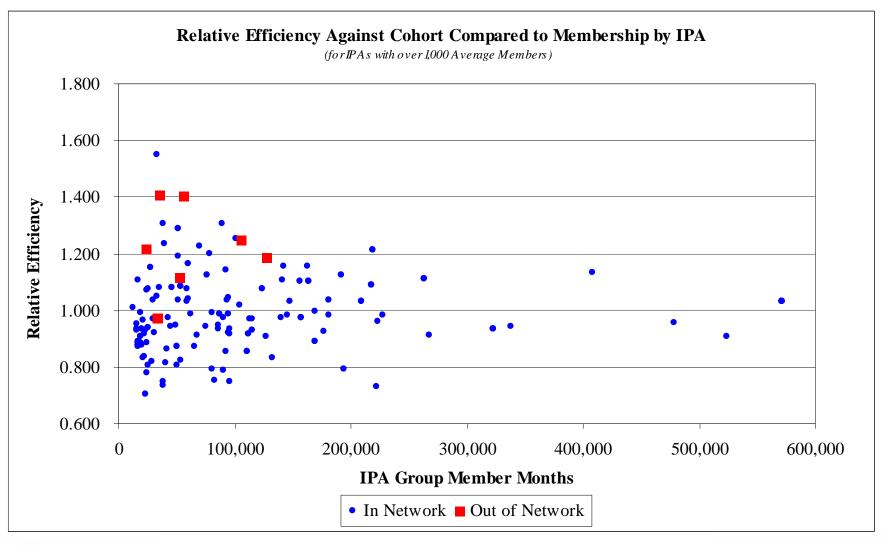
presented to the Health Benefits Committee on April 17, 2007

background

provider network evolution

- Evolution began in 2005 with implementation of a smaller hospital network
- Focused now on significant differences in physician practice patterns and the wide variation in relative IPA efficiency
- Evolving design centers on efficiencies within physician networks

provider efficiency varies widely



blue shield of california's proposal

high performance network meets key success criteria across the board

	Higher Efficiency Providers and Premium Savings	Maintain Access and Quality of Care	Influences Member Selection	Reasonable Chance of Receiving Regulatory Approval	Provider Acceptance
HPN	√	√	√	\checkmark	√

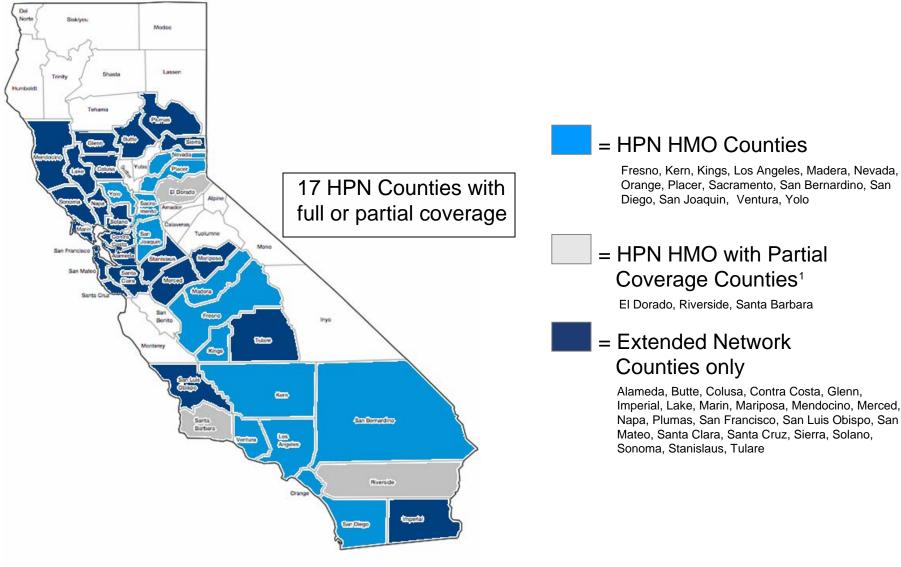
quality overview

parameters of bsc quality model

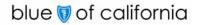
Areas Evaluated	Clinical: 7 publicly reported Integrated Healthcare Association (IHA) Pay for Performance (P4P) metrics
	Patient Satisfaction: 5 publicly reported IHA P4P metrics
	Grievances, appeals, and complaints: 1 composite metric per 1,000 patients
Criteria	Provide data for all groups summarizing their results
	 Exclude an IPA if it fails to meet threshold in <u>each</u> of the 3 areas
	 Flag groups for targeted outreach that fail to meet standards in 2 of the 3 areas

hpn network overview

hpn coverage overview



1HPN HMO with Partial Coverage Counties is where less than 75% of CalPERS membership has access to HPN



hpn access: a detailed analysis

- BSC performed a comprehensive review of access, drilling down to the city level to determine which CalPERS members have an HPN alternative
- The DMHC rule of 15 miles or 30 minutes was considered in performing the analysis
- To ensure sufficient capacity, BSC contacted each of the HPN provider groups and determined all HPN provider groups have enough capacity to handle potential CalPERS member migration.

hpn physician coverage

IPA / Medical Groups (221 IPAs in 17 Counties)		# of Physicians in HPN			
# of IPAs in HPN	Network IPAs in HPN Counties	Physician Type	Physician Count	% of Physician Network in HPN Counties	
81	37%	Primary Care Specialists	6,100 11,700	50% 49%	
		OB/GYN	1,100	49%	

over half of CalPERS blue shield members will have hpn choice

Membership Spread

Total BSC	Members Currently Seeing		Members with Potential to		Total Members with	
	HPN Providers		Migrate to HPN Providers		HPN Choice	
Membership	Number of	% of Total	Number of	% of Total	Number of	% of Total
	Members	Membership	Members	Membership	Members	Membership
389,000	125,000	32%	77,000*	20%	202,000	52%

^{*}Includes 14,000 members who can move to HPN IPA and keep their current PCP

hpn premium impact

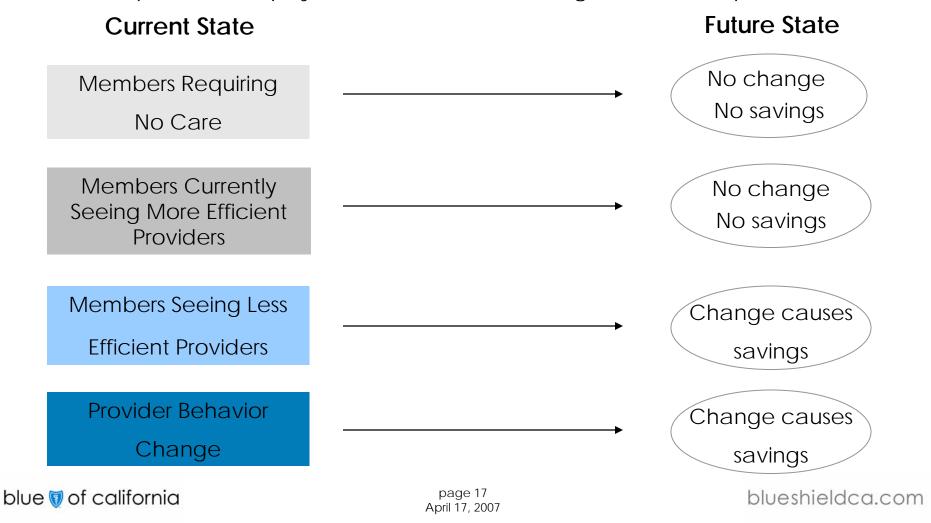
significant premium reduction identified for hpn

% of Premium Differential				
Membership	HPN vs. 2007 Premium	Extended vs. 2007 Premium		
State	-6 to -9%	4 to 6%		
Region 1 (Bay Area/				
Sacramento)	-5 to -7%	2 to 4%		
Region 2 (Los Angeles)	-5 to -7%	2 to 4%		
Region 3 (Other SCA)	-5 to -7%	2 to 4%		
Region 4 (Other NCA)	n/a	n/a		
Basic Composite	-6 to -8%	3 to 5%		
Medicare	-6 to -8%	3 to 5%		

member migration and savings

how savings are generated

"Savings" only occurs when members shift to receiving care from more efficient providers or pay more to continue seeing less efficient providers.



summary

hpn delivers considerable member choice and significant savings

- Offered side-by-side with current network with over half of Blue Shield CalPERS members having an hpn choice
- Delivers significant premium savings for members choosing hpn
- Maintains current quality standards